

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011645
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 877

APR 6 1959

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Kirkwood</u> <u>4713</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>589 W. Monroe Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Eleanor</u> Middle <u>Shallavie</u> Last <u>Shallavie</u>		4. DATE OF DEATH Month <u>3</u> Day <u>21</u> Year <u>1959</u>	
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 12, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>77</u>
11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Victor Shallavie</u>		13b. MOTHER'S MAIDEN NAME <u>Elnora Wadington</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT Address <u>Sidney Massey 238 Electric St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiovascular Accident -</u> <u>Cerebral Arteriosclerosis</u> DUE TO (b) <u>Diabetes Mellitus with Insulin Reaction</u> DUE TO (c) <u>Diffuse Myocardial Fibrosis -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>268X</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:15</u> Month, Day, Year <u>3-21-59</u> a.m. <u>p.m.</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>3-21-59</u> to <u>3-21-59</u> and last saw her alive on <u>3-21-59</u> Death occurred at <u>11:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. H. Hemphill, Jr. M.D.</u> (Degree or title)	
22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		22c. DATE SIGNED <u>3-23-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 2, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem. Crestwood</u>	23d. LOCATION (City, town, or country) (State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>John W. Hemphill</u> ADDRESS <u>408 S. Fillmore</u>		25. DATE RECD. BY LOCAL REG. <u>APR 1 1959</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>		27. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms may be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4441

P. O. Address 408 J. Falkner

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.